BENEFICIARY DATA FORM July 1, 2006 – June 30, 2007

AGENCY:		-	
Program:		-	
CONTRACT/ACTIVITY No.:		_	
SIGNATURE:	Date:	REPORTING PERIOD:	

						Nun	BER OF PERS	SONS SERVED W	HO ARE						
TOTAL NO. OF PERSONS	Low Income	VERY LOW INCOME	EXTREMELY LOW INCOME	WHITE	BLACK/ AFRICAN AMERICA	ASIAN	AMERICAN INDIAN/ ALASKAN NATIVE	NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	AMERICAN INDIAN ALASKAN NATIVE & WHITE	ASIAN & WHITE	AM Indian/ Alaskan Native & BK/ African American	ASIAN/ PACIFIC ISLANDER	OTHER MULTI- RACIAL	HISPANIC	FEMALE HEAD OF HOUSEHOLD
REPORTING TOTAL															
YEAR TO DATE															
		•				, l	UMBER OF P	ERSONS PER FA	MILY	•			•	<u>'</u>	
		1		2		3		4	5	5	6		7		8
Low Inco	ME	\$41,70	0	\$47,700		\$53,650	D	\$59,600	\$64,	350	\$69,150	,	73,900	\$	78,650
REPORTING T	OTAL														
YEAR TO D	ATE														
	i		İ		ĺ	ľ	JUMBER OF P	ERSONS PER FA	MILY			İ			
		1		2		3		4	5	5	6		7		8
VERY LOW IN	СОМЕ	\$28,05	0	\$32,100		\$36,100	o e	\$40,100	\$43,	300	\$46,500		49,700	\$	52,950
REPORTING T	OTAL														
YEAR TO D	ATE														
						ľ	JUMBER OF P	ERSONS PER FA	MILY						
		1		2		3		4		5	6		7		8
EXTREMELY LOW	INCOME	\$16,85	50	\$19,250	١	\$21,65	0	\$24,050	\$25	,950	\$27,900	:	\$29,800	\$	31,750
REPORTING 1	ΓΟΤΑL														
YEAR TO D		icated									ome Limits Effective 4/				

Note: Numbers are to be unduplicated.

* Note: Section 8 Income Limits Effective 4/2005